

12 Month Employees (excluding AFSCME 10-Month) Health Benefit Plan Premium Rates

DC Employees Health Benefits (for employees hired on or after 10/01/1987)

The premium rates listed below are for the 2016 Calendar Year. This includes ET-15 teachers who work ten months of the year but are paid over 12 months.

Cost of Benefits for Domestic Partners and Domestic Partners + Children

Please note that if you are enrolling a domestic partner or a domestic partner and children, you will pay the Domestic Partner Family rate **AFTER-TAX**.

AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP)

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	HM1	\$ 35.38	\$ 76.65
Self + 1	HM2	\$ 69.54	\$ 150.67
Family	HM3	\$ 103.23	\$ 221.50

AETNA HMO

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	AH1	\$ 73.92	\$ 160.16
Self + 1	AH2	\$ 145.30	\$ 314.82
Family	AH3	\$ 213.61	\$ 462.82

AETNA PPO

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	AP1	\$ 81.62	\$ 176.86
Self + 1	AP2	\$ 160.45	\$ 347.65
Family	AP3	\$ 235.88	\$ 511.08

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	KP1	\$ 64.94	\$ 140.70
Self + 1	KP2	\$ 124.03	\$ 268.73
Family	KP3	\$ 190.26	\$ 412.24

UNITED HEALTHCARE CHOICE NATIONWIDE

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	MD1	\$ 70.31	\$ 152.34
Self + 1	MD2	\$ 134.29	\$ 290.97
Family	MD3	\$ 206.01	\$ 446.35